

Maternal and Child Health (MCH) / Children and Youth with Special Health Care Needs (CYSHCN) UPDATE

August 2013

The purpose of this **UPDATE** is to share important information on national, state, and local maternal and child health issues, including children and youth with special health care needs, to Title V Maternal and Child Health Block Grant providers. You will also be updated on pertinent resources and state and regional “happenings.” We hope the **UPDATE** will promote statewide sharing and contribute to improved maternal and child health in Wisconsin. Please share this **UPDATE** with others.

DISTRIBUTION

The **UPDATE** will be posted to the [MCH Program website](#) or distributed by request via email. To receive the **UPDATE**, send your name and email address to [Colleen Peterson](#).

FORMAT

The **UPDATE** design includes content headings and a table of contents. We hope this enables easier reading and access to the information that pertains to you. The **UPDATE** contains “active links” to content; therefore, it is best read electronically. If you have comments or suggestions for a future issue, contact [Colleen Peterson](#) at (608) 267-5114.

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THINGS YOU DON'T WANT TO MISS!

SPHERE Marks 10th Anniversary

The **S**ecure **P**ublic **H**ealth **E**lectronic **R**ecord **E**nvironment (SPHERE) replaced the Maternal and Child Health (MCH) and Family Planning/Reproductive Health (FP/RH) Data Systems and was released statewide for users in August of 2003. SPHERE is the State's MCH Data System used for collecting data for Title V Maternal and Child Health, MCH Women's Health-Family Planning, and Children and Youth with Special Health Care Needs (CYSHCN). SPHERE is also used for collecting data for other programs such as Oral Health; Prenatal Care Coordination (PNCC); Comprehensive Home Visiting Programs such as Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Family Foundations Program and Home Visitation Outcomes Project; Healthy Start for Honoring Our Children and Honoring Our Families; Newborn Screening (NBS) Programs and other Public Health Programs.

Currently there are 1,381 active SPHERE users representing 194 local organizations including all local health departments, Regional CYSHCN Centers, private not-for-profit agencies, private agencies including hospitals and clinics, and tribal health centers. There are 319,768 clients in SPHERE and 1,459,297 total individual activities. There are 36,966 Community activities and 13,687 System activities in SPHERE. SPHERE public health activities and interventions help document and provide measurements related to MCH, CYSHCN, MCH Women's Health-Family Planning, Home Visiting (HV), NBS, and other programs. There are 19 interventions and 775 Subinterventions used to report individual/household, community, and system activities. To date, there are 46 standard reports, 2 birth record reports, and ad hoc reporting in which an agency can design unique reports for either a client listing or summary report.

Most important, SPHERE is able to report outcome data on the clients served and entered into SPHERE. Data reports run January 2003 – July 2013 compared to January 2003 – July 2008 revealed the following outcomes:

- 72.7% (2013) had Health Insurance or Medicaid compared to 68.4 % (2008)
- 69.4% (2013) had a Primary Care Provider compared to 67.8 % (2008)
- 47.8% (2013) had Dental Care Coverage compared to 40.9 % (2008)
- 28.0% (2013) had a Dentist or Oral Health Provider compared to 30.3 % (2008)
- To date, of the unduplicated clients that had a Developmental Assessment: ASQ-3 – 32.4% had a potential delay and 21.9% had a parental concern. Of those with a potential delay or parental concern, 16.5% were already receiving early intervention services from an outside agency, 58.2% had a plan for program services, and 24.5% had a plan for community referrals. 38.5% of the Unduplicated Clients with a potential delay/parental concern were receiving at least one service within 2 months of the potential delay/parental concern.
- To date, of the pregnant women that had a Prenatal Assessment (Initial), 64.9% began medical care in the first trimester, 36.2% had their first MCH/PNCC visit in the first trimester, 41.0% had not been to a dentist in the last two years, 31.3% smoked during pregnancy and of those that smoked 64.3% decreased smoking and 7.2% quit smoking, 15.9% had an Interpregnancy Interval less than 12 months, and 19.7% had concerns with Physical/Sexual/Emotional/Verbal Abuse.
- To date, of the clients that had a pregnancy test, 45.2% with a negative pregnancy test received same day prescription contraceptive services.

The Affordable Care Act (ACA) has changed the service delivery for the Title V MCH Block Grant funds. Efforts for that funding are directed to systems development rather than individual services through the Program's Early Childhood Systems for Healthiest Families and Keeping Kids Alive work. There has been development in SPHERE to document system work at the local level. Examples of this include the MCH Core Competencies and a Partnership Tool to document collaborative efforts at the local level

Wisconsin Department of Health Services – Division of Public Health around systems work in the areas of Family Supports, Child Development, Mental Health, Safety and Injury Prevention, Fetal Infant Mortality Review, and Child Death Review.

One of the significant accomplishments in SPHERE was the collaboration with Vital Records to develop and implement a Birth Record Delivery project. Prior to this accomplishment, Local Health Departments (LHDs) received paper copies of birth records for each infant whose mother resided in their jurisdiction. Vital Records wanted to provide these records electronically and SPHERE was determined to be the most efficient and secure method for local health departments to receive electronic birth records. Birth record data is imported into SPHERE so that it is available to the appropriate local public health jurisdiction. Leveraging the existing security infrastructure of SPHERE ensured that access to the birth record data was restricted to only those individuals with assigned permissions – and only those records for their particular jurisdiction. The SPHERE option significantly reduced the security risks associated with the current paper process because the data transfers are highly secure (meeting HIPAA standards) and the control over who could and could not see/use the data is much greater. Another accomplishment in the area of the Birth Record Delivery project is the ability for LHDs to share a copy of a birth record for any clients served by the Tribal Health agencies with that Tribal agency.

During 2013, it is planned that the SPHERE platform will be upgraded to bring the technology to industry standards. It is estimated to take about 6 months to complete the upgrade. During the upgrade, no new development will take place in SPHERE but ongoing entry and use of the system will not be affected. All users will be informed once a definitive time is in place in which the upgrade will happen.

A SPHERE Monthly Update is held the first Thursday of every month from 10:30 AM – 12 Noon to explain and demonstrate recent changes and updates made to SPHERE. These monthly updates are held via technology (computer and phone).

SPHERE User Groups are established in all five of the Division of Public Health Regions as well as in the Central Office. For more information on the Regional User Groups contact the following MCH staff designated as contact for the region: Northern: Paula Hansen or Leah Ludlum; Northeastern: Cathy Sendelbach, Jody Moesch-Ebeling, or Peggy Helm-Quest; Southeastern: Sandy Poehلمان or Katie Gillespie; Southern: Terrell Brock, Katie Gillespie or Leah Ludlum; Western: Karen Morris.

The SPHERE staff currently consists of several positions at the Division of Public Health (DPH)/Bureau of Community Health Promotion (BCHP) and 1 FTE Programmer at the Wisconsin State Lab of Hygiene. The DPH/BCHP staff includes:

- Susan Kratz, SPHERE State Coordinator, 1 FTE, funded by Title V MCH Funds and HV funds. Her responsibilities are to oversee and coordinate the continued development and enhancement of SPHERE and other job duties include MCH contract work and assisting with the state MCH block grant.
- Vacant, SPHERE IT Specialist, 1 FTE, funded by MCH assists with the development and enhancement of SPHERE, works on IT issues, Data Linking and Integration.
- Julie Maccoux, .5 FTE, funded by Title V MCH assists with help desk coverage, merges and deletes, giving Local Organization Administrators (LOAs) rights to SPHERE, updating documents, and will also assist with the testing of the platform upgrade.
- Connie Stevens, .2 FTE, funded by Title V MCH Funds will assist with testing of the platform upgrade.
- Linda Spaans Esten, Contracted with Title V MCH Funds, will assist with testing of the platform upgrade.

The State Lab of Hygiene staff includes:

- Vacant, Programmer, 1 FTE, funded by Title V MCH is the primary developer for the SPHERE application. Currently Eugene Spain is assisting the MCH Program working on priority SPHERE work projects as identified

Work by SPHERE staff includes:

- Help Desk Coverage
- Prioritization of SPHERE Projects (Screens, Reports, Enhancements, etc)
- Conducting Trainings
- Development of Screen, Report, and Enhancement Specifications
- Testing of Screens, Reports, and Enhancements
- Involvement with User Groups around the state
- Problem solving with users

BCHP PROGRAM/PARTNER NEWS & EVENTS

The Family Health Section Welcomes.....

- **Andrea Gromoske, MSW – Epidemiologist/Evaluator:** Andrea has been hired as the new epidemiologist and evaluator for the Family Health Section. She will be (1) developing and supporting family health data and surveillance systems, (2) conducting epidemiologic investigations and surveillance of family health issues aimed at improving the health of infants, children, and families, (3) directing program evaluation efforts within the Family Health Section, and (4) providing epidemiologic and evaluation technical assistance to internal staff and external partners. Andrea is currently finishing her PhD in social work at the University of Wisconsin-Milwaukee. Much of her research and evaluation experience is in the realm of child maltreatment prevention, risk and protective factors related to parenting behaviors, and the use of evidence-based practices and programs. Andrea also has experience working with school-age children, adults with developmental disabilities, and youth in detention facilities and those at risk for running away. Andrea can be reached via [email](#) or phone at (608) 267-3434.

Updates: Wisconsin Association for Perinatal Care (WAPC) and the Perinatal Foundation

- **Becoming a Parent Preconception Checklist – 3rd Edition**
Newly updated, the *preconception checklist* is designed for people considering pregnancy. It is intended to facilitate the discussion of practical and health-related issues between the patient and health care provider at the preconception consultation. The tool is especially useful for those considering their first pregnancy, but is also useful for planning subsequent pregnancies. The checklist is available for \$0.80 per checklist.
- **Newborn Withdrawal Project Toolkit**
Newly revised and updated in 2013, the *Newborn Withdrawal Project Toolkit* is a compendium of educational materials for both parents and health care providers. The toolkit has a list of resources and three fact sheets - one for providers and two for parents. Click on the links below to view the fact sheets and resources.
 - [Facts for Providers](#)
 - [Your Pregnancy and Prescribed Treatments for Opioid Dependence](#)
 - [Guide for Parents](#)
 - [Resources](#)

To view all WAPC materials, visit the [Materials and Publications](#) section of the [WAPC Web site](#).

- **2013 Regional Forum Series - *Perinatal Weight Management: Opportunities for a Lifetime***

The purpose of each [two-hour forum](#) is to examine weight gain and weight retention in the perinatal period and associated maternal and neonatal risks, as well as to discover strategies and interventions to help women manage their weight. The forums will focus on the Institute of Medicine (IOM) guidelines for weight gain in pregnancy, strategies for promoting healthy pregnancy weight gain, and avoidance of weight retention after childbirth. The session will also feature a bundle of resources for providers and women developed by the WAPC Perinatal Weight Management Work Group.

First Breath Program

The Wisconsin Women's Health Foundation will be hosting five First Breath/My Baby & Me Regional Sharing Sessions in August. Each session will follow the same agenda:

10:00 - 10:30.....Program Updates
10:30 - 11:30.....Other Tobacco Products Presentation
11:30 - 12:00.....Lunch and Networking
12:00 - 1:00.....Program Practice

Select one of the links below for information or to register for the session you wish to attend:

- [La Crosse](#) - Friday August 2, 2013 – La Crosse Public Library
- [Madison](#) - Tuesday, August 13, 2013 - Hawthorne Public Library
- [Milwaukee](#) - Thursday, August 15, 2013 - UW Extension - Milwaukee County
- [Hayward](#) - Thursday, August 22, 2013 - Sherman & Ruth Community Library
- [Appleton](#) - Wednesday, August 28, 2013 - Appleton Public Library

Questions? Contact Chelsea Stover via [e-mail](#) or phone at 608/ 251-1675, ext. 118.

Children's Health Alliance of Wisconsin

Have you seen the Alliance's [infographic](#)? It is a quick way to learn more about the magnitude of the problems facing children in our community. A common theme for all the Alliance's initiatives is prevention saves money and builds healthier communities.

CURRENT RESEARCH/NEWS

AMCHP Pulse – Looking Back and Ahead

The [March/April 2013](#) issue of the Association of Maternal and Child Health Programs (AMCHP) *Pulse* focuses on teen pregnancy, adolescent health, and engaging youth. You will see a familiar face starting in this issue - congratulations to DPH's own Millie Jones who is the new AMCHP President!

AMCHP Pulse – Evidence Based Practices

The [May/June 2013](#) issue of the Association of Maternal and Child Health Programs (AMCHP) *Pulse* focuses on evidence based practices.

AMCHP Celebrates 12 Percent Decline in U.S. Infant Mortality Rate Since 2005

The Centers for Disease Control and Prevention (CDC) released new data showing that following a plateau from 2000 through 2005, the U.S. infant mortality rate declined 12 percent from 2005 through 2011. A copy of the data brief entitled [Recent Declines in Infant Mortality in the United States, 2005–2011](#) is available.

Michael Fraser, PhD, CAE, Chief Executive Officer for the Association of Maternal & Child Health Programs, highlighted this progress with the following statement:

"The recent decline in infant mortality is a public health success story deserving national recognition and celebration. In short, we are helping more babies reach their first birthday than ever before and this is great news. The decline is also a strong indication that public health efforts supported by the Title V Maternal and Child Health Services Block Grant – along with other critical programs including Medicaid, the Children's Health Insurance Program, WIC, Healthy Start, Community Health Centers, and critical efforts of the CDC and the National Institutes of Health are making a difference in saving babies lives. The work of dedicated public practitioners and health care providers is definitely paying off and, for that, AMCHP and its members are extremely thankful. Perhaps most encouraging is that the infant mortality rate declined the most (16 percent) for non-Hispanic black women. This may be an indication that deliberate efforts to promote health equity are beginning to create progress in reducing the alarming disparities between whites and blacks, but despite improvement these gaps are still unacceptable and need heightened attention and investment to accelerate progress. Furthermore, improvements realized in the last five years reflect investments policymakers made years and even decades before. While this improvement is welcome news, budget cuts coinciding with the economic downturn and the current sequestration cuts will undoubtedly create major challenges to sustain this success. Accordingly, AMCHP calls on the administration and Congress to reverse years of eroded public health funding, agree on a balanced approach to deficit reduction, and sustain critical investments in the health of women, children, and families." For additional information on AMCHP's work to reduce infant mortality and improve birth outcomes, please visit [here](#).

Survey Offers Look at Postpartum Experiences from Birth into the Second Year

[*Listening to Mothers III: New Mothers Speak Out*](#) presents findings from a follow-up survey of women ages 18-45 who gave birth to single infants in a U.S. hospital in 2011-2012. The report, published by Childbirth Connections, is based on responses from participants who completed an initial survey in 2011-2012 and a follow-up survey in early 2013. Contents focus on major topics of the follow-up survey including maternal well-being, child well-being, family and relationships, employment, maternity leave, child care, and health insurance, and women's views about the quality of maternity care and engaging in maternity care. The report also looks at subgroup differences among white non-Hispanic, black non-Hispanic, and Hispanic women, as well as women covered by private insurance and Medicaid or the Children's Health Insurance Program. Trends across surveys are also examined. Taken from June 21, 2013 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

Protocol Provides Guidance on the Care of Infants and Breastfeeding Mothers

[*ABM Clinical Protocol #14: Breastfeeding-Friendly Physician's Office -- Optimizing Care for Infants and Children, Revised 2013*](#), provides recommendations for health professionals who interact with mothers and infants to improve breastfeeding support. The protocol was developed by the Academy of Breastfeeding Medicine with support from the Health Resources and Services Administration's Maternal and Child Health Bureau and was published in the April 2013 issue of Breastfeeding Medicine. Topics include the definition of a breastfeeding-friendly physician's office, the quality of evidence for each recommendation (as defined by the U.S. Preventive Services Task Force), obstacles to providing breastfeeding care, and future research. Taken from April 19, 2013 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

Cost Analysis Study on Maternal Disease and Breastfeeding

A new [study](#) published in the journal *Obstetrics & Gynecology* estimates the U.S. maternal health burden from current breastfeeding rates both in terms of premature death as well as economic costs. Results showed that sub-optimal breastfeeding incurs a total of \$17.4 billion in cost to society resulting from premature death, \$733.7 million in direct costs, and \$126.1 million in indirect morbidity costs. The

Wisconsin Department of Health Services – Division of Public Health study, led by Harvard researcher Dr. Melissa Bartick, simulated the experiences of about 2 million U.S. women from the time they were 15 until they turned 70, estimating outcomes and cumulative costs over the decades in between. You may read more through the following articles in [Time Magazine](#) and on [CBSNews.com](#).

Study: Social Networks & Vaccination

A study published online in the journal [Pediatrics](#) examines the impact of social networks on parents' vaccination decisions. When deciding to vaccinate their children, parents are influenced by the people and sources they go to for information, direction and advice. This study used an analysis of those social networks to formally examine how they related to vaccination decision-making. In addition to providing descriptions of typical networks of parents who conform to the recommended vaccination schedule (conformers) and those who do not (nonconformers), this study also quantified the effect of network variables on parents' vaccination choices. The survey was completed by 126 conformers and 70 nonconformers, with networks of people being reported as influencing 95 percent of parents in both groups. Those who were nonconformers were significantly more likely to report source networks as influencing their decision-making on vaccination. However, the study authors report that parents' people networks were better predictors of their vaccination choices than their own characteristics or the characteristics of their source networks. Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. April 22, 2013.

Document Outlines Standards to Reduce Morbidity and Mortality in Child Care and Early Education

[Stepping Stones to Caring for Our Children, 3rd edition \(SS3\)](#) contains 138 standards to advance the quality and safety of early care and education environments. The new edition of SS3 was produced by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education with support from the Health Resources and Services Administration's Maternal and Child Health Bureau. SS3 is a companion to *Caring for Our Children: National Health and Safety Performance Standards -- Guidelines for Early Care and Education Programs, 3rd edition (CFOC3)*, published in 2011. SS3 comprises a subset of the standards contained in CFOC3, including new and updated standards on safe sleep, handling and feeding of human milk, introducing solid foods to infants, monitoring children's development, unimmunized children, preventing expulsions, and availability of drinking water. Taken from May 10, 2013 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

Paper Examines State Investments in Infant and Early Childhood Mental Health

[Nurturing Change: State Strategies for Improving Infant and Early Childhood Mental Health \(I-ECMH\)](#) provides actionable models for addressing common barriers to healthy social-emotional development. The policy paper, produced by Zero to Three, profiles six states: California, Florida, Louisiana, Michigan, Ohio, and Wisconsin. The authors look at strategies that states have employed to address I-ECMH access, delivery, financing, evidence-base, and systems-level issues across the promotion, prevention, and treatment continuum. They also provide recommendations for nurturing change in I-ECMH supports and services, as well as strategic questions for states to consider in planning for I-ECMH. A glossary at the end of the paper explains state- and field-specific terms found in the profiles. Taken from May 10, 2013 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

Report Illustrates Impact of Mental Disorders Among Children

[Mental Health Surveillance Among Children--United States, 2005-2011](#) describes federal surveillance systems, surveys, and other information systems that measure prevalence of mental disorders and indicators of mental health among children in the United States and highlights selected national prevalence estimates. The report was published in a supplement to the May 17, 2013, issue of

Wisconsin Department of Health Services – Division of Public Health
Morbidity and Mortality Weekly Report. Topics include mental disorders (attention deficit/hyperactivity disorder, oppositional defiant disorder and conduct disorder, autism spectrum disorders, mood and anxiety disorders), substance use disorders and substance use, and tic disorders (Tourette syndrome). Selected indicators of mental health, including mentally unhealthy days and suicide, are also assessed. Availability of state-based estimates is noted in the surveillance descriptions and tables.

Centers for Disease Control and Prevention. 2013. Mental health surveillance among children -- United States, 2005-2011. Morbidity and Mortality Weekly Report 62 (Suppl. 2):1-35.

Taken from May 24, 2013 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

Report Presents Recommendations and a Strategy to Reduce Infant Mortality

[*The Report of the Secretary's Advisory Committee on Infant Mortality \(SACIM\): Recommendations for Department of Health and Human Services Action and Framework for a National Strategy*](#) provides a plan to reduce infant mortality in the United States. The report includes an outline of strategic directions and recommendations, background on the problem of infant mortality in the United States, principles for a national strategy, and details related to six strategic directions for reducing infant mortality. Also discussed is information on services to improve women's health, birth outcomes, infant health, and infant survival; opportunities to decrease infant mortality through implementation of the Affordable Care Act; a crosswalk between an action plan to reduce racial and ethnic health disparities and recommendations to reduce infant mortality; and specific actions to increase breastfeeding. Taken from May 31, 2013 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

Study: Autism Risk & Number of Vaccines

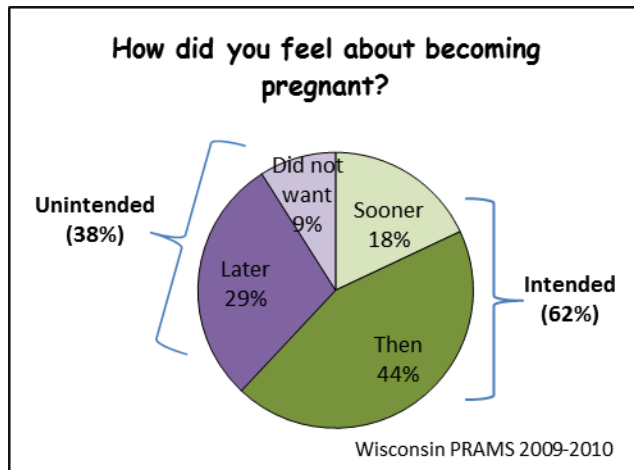
A new [study](#) published in the *Journal of Pediatrics* shows that there is no association between receiving "too many vaccines too soon" and autism. Despite repeated scientific evidence showing that vaccines do not cause autism, approximately one-third of parents continue to express concerns that they do, with nearly one in ten parents refusing or delaying vaccinations. This latest study shows that the risk of autism is not increased due to the number of vaccines administered, either on a single day or cumulatively over the first two years of life. The study authors analyzed data from 256 children with autism spectrum disorders (ASD) and 752 without ASD from 3 managed care organizations. Each child's cumulative exposure to antigens in vaccines, and the maximum number of antigens each child received in a single day of vaccination, was analyzed. They found that the total number of antigens received by age two years, or the maximum number on a single day, were the same between children with and without ASD. Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. April 1, 2013.

WISCONSIN DATA TIDBITS & DATA REPORTS

Wisconsin PRAMS – What Moms Tell Us about Unintended Pregnancy

The Centers for Disease Control and Prevention defines an unintended pregnancy as one that was “mistimed, unplanned, or not wanted at the time of conception.”¹ Results from the Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS) indicate 38% of new mothers did not intend their pregnancies.

The survey asked: “Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?” Mothers who responded that they “wanted to be pregnant sooner” or they “wanted to be pregnant then” were defined as having an intended pregnancy. Mothers who responded that they “wanted to be pregnant later” or they “didn’t want to be pregnant then or at any time in the future” were defined as having an unintended pregnancy.



However, by race/ethnicity, African American and Hispanic/Latina mothers (65% and 45% respectively) reported a greater proportion of unintended pregnancies.

Percent of Mothers Who Reported Unintended Pregnancy

Race/ethnicity

White, non-Hispanic	33%
Black, non-Hispanic	65%
Hispanic/Latina	45%
Other, non-Hispanic	38%

Refer to the [fact sheet](#) for more information on unintended pregnancy from Wisconsin PRAMS. If you would like PRAMS data presented, or for more information, contact [Kate Kvale](#) - Project Director at (608) 267-3727.

¹ <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/>

Wisconsin text4baby Data

[Text4baby](#) is the first mobile information service designed to promote maternal and child health through text messaging. Here are a few Wisconsin-specific data highlights: (as of June 14, 2013)

- Wisconsin has enrolled 10,461 users since the launch of the program.
- Approximately 260 users in Wisconsin enroll each month.
- There are 151 Wisconsin users who receive messages in Spanish.

- The five counties with the highest number of enrollees are: Milwaukee (2,386), Dane (690), Racine (458), Kenosha (434) and Waukesha (392).

2013 Wisconsin Poison Center Annual Report

The [Wisconsin Poison Center's 2013 annual report](#) is now available. If you have questions or would like a print copy mailed to you, email the [Wisconsin Poison Center](#).

Get the 2011/12 National Survey of Children's Health Data Set!

The Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA/MCHB) sponsors and leads the National Survey of Children's Health (NSCH). With HRSA/MCHB support, the Data Resource Center for Child and Adolescent Health (DRC) is pleased to announce the availability of "research ready" NSCH data files and variable codebooks designed to expedite the advancement of knowledge on child health and health care in the U.S. In addition to the online data search feature available through the DRC, also available are "research ready" datasets to enhance your research capabilities. Data files and codebooks are available in SAS and SPSS (or flat files) for all NSCH years (2003, 2007 and 2011/12). [Request a data set.](#)

CDC Report Highlights Data on U.S. Births

New [data](#) released last week by the Centers for Disease Control and Prevention show that American women continue to delay motherhood and rates of teenage births for women in their early 20s are at historic lows. The National Vital Statistics Report, *Birth: Final Data for 2011* presents data on U.S. births according to a wide variety of characteristics, including age, race and Hispanic origin, marital status, infant characteristics and more. On average, women in the U.S. have their first baby at age 25.6, in comparison to the 1970 average of 21.4 years. Births to girls aged 15-19 declined by 8 percent between 2010-2011, and births to women ages 20-24 dropped 3 percent to a record low. Overall, 3.9 million births were reported in the U.S. in 2011, representing the lowest general birth rate since 1998 - 63.2 births per 1,000 women aged 15 to 44 -- and 1 percent less than in 2010, the CDC reported. Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. July 8, 2013.

The 2013 High School Graduating Class: A Closer Look

Child Trends has put together information about the [2013 high school graduating class](#) that provides additional insight into this new group of young people about to enter college or careers. The organization analyzed data from a variety of federal and other sources to draw a portrait of the high school class of 2013.

CONFERENCES & AWARENESS CAMPAIGNS

MCH Conference – August 19th in Stevens Point

This is a required state meeting that all local health departments are to attend to support their Early Childhood Systems work. The conference will be held at the Holiday Inn Hotel and Convention Center in Stevens Point. Pre-registration is required for this event. Go to the [conference website](#) for registration and logistical information (note: select *MCH Conference Details* on the left sidebar for specifics about the conference).

SAVE THE DATE – Keeping Kids Alive in Wisconsin Summit

The Children's Health Alliance of Wisconsin has set the dates and location for the 2013 Keeping Kids Alive in Wisconsin Summit! The event will be held November 13 & 14 at the Holiday Inn Hotel and Convention Center in Stevens Point. The target audience is anyone who has an active Child Death Review (CDR) team or is planning on establishing a CDR team in 2013/2014. Formal agenda and invitation will follow later.

Product Alert: Highly Concentrated Laundry Detergent Packets

Use of highly concentrated liquid laundry detergent packets is on the rise, with Tide Pods being the most common. But other, similar products include All Mighty Pacs, Dropps Laundry Pacs, and Purex Ultra Packs. Convenient and easy to use, these are often found in homes with young children. The packets are designed to dissolve rapidly when exposed to water in the washing machine. They are colorful, squishy, and are attractive to children. Some even look like candy or a toy.

In 2012, the Wisconsin Poison Center handled more than 100 cases involving laundry detergent packets. These cases all affected young children who either mouthed or squeezed the packets, causing them to erupt into their faces or mouths. Many of the callers stated that the packets "exploded." There were no fatalities attributed to these products, but the exposures caused substantial distress, and over half resulted in a visit to a healthcare provider.

Each poison case can display unique characteristics, so if you have any additional concerns or questions regarding this or any other product exposure, please contact the Wisconsin Poison Center at (800) 222-1222.

WEBSITES & TECHNOLOGY-RELATED RESOURCES

Women's Health Web Resources

The Department of Health and Human Services Office on Women's Health has a website womenshealth.gov that is loaded with a wide array of women's health-related topics and resources, to include an [infographic](#) specific to the Affordable Care Act. Check it out!

Resources for Pregnant Women and New Moms

The Food and Drug Administration (FDA) has resources to help pregnant women and new mothers make good choices about the medicines, foods and other products that are safe for them and their babies. These resources include:

- A [new video, "Resources for You and Your Baby,"](#) developed in collaboration with text4baby
- An improved FDA Pregnancy page (www.fda.gov/pregnancy)
- A new consumer update "[Pregnancy: A Time for Special Caution](#)"
- [OWH Pregnancy Exposure Registries Website Buttons](#), which you can embed on your website to connect your patients to over 50 registries
- Free medication safety fact sheets, post cards and brochures, available for [bulk order](#)

New Resources Focus on Depression During and After Pregnancy

[Depression During and After Pregnancy: Knowledge Path](#) directs readers to a selection of current, high-quality resources about the prevalence and incidence of perinatal depression, identification and treatment; impact on the health and well-being of new mothers and their infants; and implications for service delivery. The new edition of the knowledge path was developed by the Maternal and Child Health Library (MCH Library) at Georgetown University to help health professionals, program administrators, policymakers, and researchers learn more about depression during and after pregnancy, to integrate what they know into their work in new ways to improve care, for program development, and to locate training resources and information to answer specific questions. A separate brief presents resources for [women experiencing perinatal depression](#) and their families. Taken from May 17, 2013 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

Initiative to Reduce Elective Deliveries Before 39 Weeks

The National Child and Maternal Health Education Program (NCMHEP) recently announced the availability of videos designed to educate about the health risks to both infant and mother from

Wisconsin Department of Health Services – Division of Public Health
elective delivery prior to 39 weeks of pregnancy, barring any medical indication. The [*Is It Worth It?*](#) videos are available online and also includes information on why labor should begin on its own without medical complications. A study of NICU admission rates for infants delivered at 37-38 weeks of gestation revealed that 31% of infants were delivered early with no medical indication (American College of Obstetricians and Gynecologists, 2013). The NCMHEP, led by the NICHD within NIH, is working with a coalition of 30 prominent health organizations to reduce the number of early elective deliveries. Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. May 20, 2013.

Resource for Breastfeeding Mothers

The [*Making It Work Toolkit*](#) is an online resource for breastfeeding mothers returning to work or school. The toolkit is designed to provide assistance to breastfeeding mothers as well as tools and information for businesses and families. This resource can be printed, viewed on the website, shared with others, and downloaded onto a mobile device for easy access. This project was funded through the Centers for Disease Control and Prevention (CDC) Communities Putting People to Work Grant, and is a result of collaboration between the New York State Department of Health Division of Chronic Disease Prevention and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. April 15, 2013.

CDC Stacks – Online Resources

Help spread the word about [*CDC Stacks*](#), a free digital collection of scientific research and literature that can help you make sound decisions to address specific issues of public health importance. This online archive is produced by the Centers for Disease Control and Prevention (CDC) and is composed of curated collections tailored for public health research needs. This repository is retained indefinitely and is available for public health professionals, researchers, as well as the general public. CDC Stacks provides access to current CDC research and literature such as the Open Access Collection. As a fully-featured repository, [*CDC Stacks*](#) provides the ability to search the full text of all documents, browse journal articles by public health subjects, and explore the curated collections of documents on relevant topics. Additional collections, and ongoing additions to existing collections, are planned for the future.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. July 8, 2013.

MCH Library Compiles Spanish-Language Health Resources

[*Spanish-Language Health Resources: Knowledge Path*](#) directs readers to a selection of current, high-quality resources in Spanish about health promotion, medical conditions, diseases, treatments, health insurance, access to care, and life stages and populations. The new edition of the knowledge path was developed by the Maternal and Child Health Library (MCH Library) at Georgetown University with support from the Health Resources and Services Administration's Maternal and Child Health Bureau. Contents include health hotlines and helplines with Spanish-speaking operators, websites in Spanish or that include Spanish-language materials, and databases to locate additional Spanish-language health resources. Taken from June 14, 2013 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

Maternal and Child Health Bureau Webinars

- [*Linked by Life: The Case for Collaboration of MCH and Chronic Disease to Improve Infant and Women's Health*](#) - Speakers explored the interplay between chronic disease and maternal and child health work and discussed strategic collaborations and funding opportunities.
- [*Expediting Detection of Autism Risk and Intervention Access*](#) - Topics included barriers to the early detection of autism spectrum disorders (ASD), tools and procedures to address these barriers, and resources for families with children showing early signs of ASD, or with a recent ASD diagnosis.

Brief Provides Information to Get Communities Talking About Mental Health

[*Community Conversations About Mental Health: Information Brief*](#) presents basic facts about mental health and mental illness, as well as information on the causes of mental illness and how families,

Wisconsin Department of Health Services – Division of Public Health schools, and communities can best treat and respond to it. The brief was prepared for the Substance Abuse and Mental Health Administration to support the national dialogue and build awareness about mental illness in communities. Topics include promoting mental health and preventing mental illness, addressing public attitudes, evidence-based practices for treatment, and recovery support services. Suggestions for community planning, terms and definitions, and resources and websites are included. Note: The brief is one of three components of the [Toolkit for Community Conversations About Mental Health](#). A discussion guide and organizing guide are forthcoming.

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CYSHCN PROGRAM

The Children and Youth with Special Health Care Needs (CYSHCN) Program is guided by six National Performance Measures. Content in this section is organized by these six areas: 1) Family Leadership; 2) Medical Home; 3) Screening; 4) Coordinated Services; 5) Health Insurance Coverage; and 6) Transition.

FAMILY LEADERSHIP

- **Advocacy and systems change training program now accepting applications**

Self-advocates and family members of a person with a developmental disability (DD) who want to improve their leadership skills are encouraged to [apply](#) for *Wisconsin Partners in Policymaking*. The deadline to apply is September 1, 2013.

Partners is a six-session advocacy and systems change training program designed to develop future leaders who will work with legislators and communities on policies and initiatives that support the full participation and inclusion of people with DD. Nationwide, close to 15,000 graduates are part of a growing network of community leaders and decision makers serving on policymaking committees, commissions, and boards at local, state, and national levels.

The program is designed for (A) adults with DD, (B) parents, grandparents, or primary caregivers of children under the age of 21 with DD, and (C) siblings of individuals with DD. Applicants should be highly motivated to create more inclusive communities.

The [six sessions](#) will be held in Madison between November 2013 and May 2014. Each session begins at 1 p.m. on Friday and concludes at 4 p.m. on Saturday. This program is an initiative of the Wisconsin Board for People with Developmental Disabilities (BPDD). BPDD covers all costs associated with the program, including the training, lodging, meals, and materials. [More information](#) about the program is available. Those interested in participating must submit an [application packet](#) by September 1, 2013.

- **Parents in Partnership: Leadership Development**

Parents in Partnership is a group of parents and other caregivers who meet five times during the year to share their family stories, challenges, joys, and triumphs of raising their children; learn about community and statewide resources for children with disabilities; explore issues around health, education, policy making, legislation, inclusion, self-determination, family well-being and the Individuals with Disabilities Education Act. Sessions are scheduled in Lac du Flambeau, Rhinelander and St Croix Falls. [Online registration](#). For more information, contact [Martha DeYoung](#), WSPEI, State Training Coordinator, at (608) 745-5435.

- **Epilepsy Across the Spectrum: Promoting Health and Understanding**

Although epilepsy is one of the nation's most common neurological disorders, public understanding of it is limited. Many people do not know the causes of epilepsy or what they should do if they see someone having a seizure. Epilepsy is a complex spectrum of disorders that affects an estimated 2.2 million Americans in a variety of ways, and is characterized by unpredictable seizures that differ in type, cause, and severity. Yet living with epilepsy is about much more than just seizures; the disorder is often defined in practical terms, such as challenges in school, uncertainties about social situations and employment, limitations on driving, and questions about independent living. The Institute of Medicine was asked to examine the public health dimensions of epilepsy, focusing on public health surveillance and data collection; population and public health research; health policy, health care, and human services; and education for people with the disorder and their families, health care providers, and the public. The IOM makes recommendations ranging from the expansion of collaborative epilepsy surveillance efforts, to the coordination of public awareness efforts, to the engagement of people with epilepsy and their families in education, dissemination, and advocacy for improved care and services. Taking action across multiple dimensions will improve the lives of people with epilepsy and their families. The realistic, feasible, and action-oriented recommendations in this report can help enable short- and long-term improvements for people with epilepsy. Year: 2012 Author: Institute of Medicine of the National Academies Types: Guide Topics: [Epilepsy](#).

MEDICAL HOME AND SCREENING AND IDENTIFICATION

- **New DHS form created for use by primary care clinicians and early interventionists**

Consent to Release Medical and Birth to 3 Program Information/Referral to County Birth to 3 Program is now available online in a fillable format on the [Department of Health Services \(DHS\) website](#). This voluntary form was created for use by primary care clinicians and early interventionists. It is designed to facilitate communication between professionals caring for children with developmental delays and disabilities and promote timely referrals for such children. It is both HIPAA and Family Educational Rights and Privacy Act (FERPA) compliant. One signature from the parent allows for exchange of information between the referring clinician and the county Birth to 3 Program (the Birth to 3 Program is subject to both HIPAA and FERPA privacy laws).

This resource is the result of collaboration between the Birth to 3 Program and the DHS Children and Youth with Special Health Care Needs Program, along with the Wisconsin Chapter of the American Academy of Pediatrics, the Wisconsin Academy of Family Physicians and the Wisconsin Statewide Medical Home Initiative. This DHS form is not a mandated referral form to the county Birth to 3 Program. Clinicians may already have an effective referral process with their local county Birth to 3 Program. For more information, visit the Wisconsin Statewide Medical Home Initiative [website](#).

- **Study Identifies Factors in Transforming Pediatric Primary Care Practices into Medical Homes**

"Our findings suggest that efforts to build and cultivate the pediatric medical home will benefit all children, their families, and clinicians alike, while enhancing care quality," write the authors of an article published in a supplement to the May/June 2013 issue of *Annals of Family Medicine*. The patient- and family-centered medical home (a source of accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care) grounds U.S. Maternal and Child Health Bureau policy and represents a strategic priority of the American Academy of Pediatrics. This article describes a study of 12 practices showing high performance after their participation in a quality improvement (QI) learning collaborative to characterize attributes of transformed pediatric medical homes. The authors found that:

- Factors key to enabling medical home transformation included (1) a culture of QI, (2) the delivery of family-centered care, (3) the value of team-based care, and (4) a focus on care coordination.
- Rapid medical home transformation, leading to a point-in-time metamorphosis, did not resonate with physician champions, parent partners, or care coordinators. Rather, a vigilant, ongoing process of family-centered QI resulting in continued transformation did resonate.
- The original learning collaborative was credited with initiating change but not completing it. Ongoing QI, family participation, teamwork, and care coordination were articulated and supported as necessary pediatric medical home attributes.
- Delivering care within a family-centered medical home proved highly satisfying to physicians and coordinators.
- As efforts expanded, professional gratification and staff resilience appeared linked.
- Family satisfaction was evident in interviews and surveys, contrasting with neutral findings in other demonstration evaluations.

The authors conclude "our results suggest that successful improvement toward the pediatric medical home model will require: QI supports with capabilities to drive change; skill development to engage families as care and improvement partners; competencies to ensure effective team-based, comprehensive care; care coordination functionalities; and payment aligned with the delivery of high-quality care."

McAllister JW, Cooley WC, Cleave JV, et al. 2013. Medical home transformation in pediatric primary care - What drives change? *Annals of Family Medicine* 11(3, Suppl. 1):S90-SS98. [Abstract](#).

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- **State Plan Amendment on Creating Medical Homes for Certain Medicaid Enrollees Approved**

On January 29, 2013, the Centers for Medicare & Medicaid Services (CMS) approved Wisconsin's [State Plan Amendment](#) (SPA) to implement Section 2703 of the Affordable Care Act, creating health homes for Medicaid enrollees with an HIV diagnosis and at least one other diagnosed condition or a risk of developing a second condition. AIDS Service Organizations in four counties are eligible to serve as health homes under this SPA, serving large urban areas including Green Bay, Madison, and Milwaukee. The SPA is effective as of October 1, 2012. To learn more about Section 2703 Health Homes, visit the [CMS Health Homes webpage](#).

Wisconsin has also received a [dual demonstration grant](#) from the Centers for Medicare & Medicaid Services (CMS) to "coordinate care across primary, acute, behavioral health and long-term supports and services for dual eligible individuals." [See more about Wisconsin and other states' Medical Home strategies](#).

- **Report Provides Information about Children with Medical Complexity**

[The Landscape of Medical Care for Children with Medical Complexity](#) provides information about children who have clinical needs that are often challenging to address in our current health care systems. The special report was developed by the Children's Hospital Association to enhance understanding of issues surrounding children with medical complexity (CMC) and ultimately to improve outcomes and lower health care costs. Topics include definitions of CMC, identifying CMC, clinical care delivery, economics of care, health care utilization and spending, and potential cost savings with improved quality of care.

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- **Healthy People 2010 leading health indicators: How children with special health care needs fared. Study looks at National Health Objectives and CSHCN**

"We found that throughout the previous decade, CSHCN [children with special health care needs] fared consistently worse than their typically developing peers with respect to measures related to the nation's ten LHIs (leading health indicators), with the exception of access to a personal health care provider," write the authors of an article published in the American Journal of Public Health online on April 18, 2013. Now in its fourth generation, Healthy People (HP) is a strategic framework for achieving national goals for the health and well-being of all Americans. Each decade, progress toward these goals is monitored using evidence-based objectives that establish targets for the next 10 years. The goal of the study described in this article was to provide a systematic assessment of key national health objectives, traditionally tracked for the population as a whole but rarely reported or summarized for children with special health care needs, using data from the National Survey of Children's Health (NSCH), the only nationally representative survey that provides comparable data on the health and development of children with and without SHCN. The authors compare estimates for children with and without SHCN at two time periods for HP 2010 objectives selected according to the 2010 LHIs. The article highlights disparities and temporal patterns and discusses implications for practice and program planning.

Data were obtained from the 2003 and 2007 NSCH. NSCH is a random-digit-dial, population-based telephone survey fielded through the State and Local Area Integrated Telephone Survey mechanism. The surveys were designed to collect information on the physical and emotional health of children under age 18, with a special emphasis on family and community factors that impact children's health. The authors found that:

- ✓ Compared with high-school age children without SHCN, a smaller proportion of their counterparts with SHCN were reported to engage in 20 minutes or more of vigorous physical activity on at least three days in the past week, and a larger proportion were obese in both 2003 and 2007.
- ✓ Nearly one-third of CSHCN lived in a household with someone who used tobacco products in both survey years, compared with one-quarter of children without SHCN.
- ✓ In 2003 and 2007, a greater proportion of CSHCN were reported by parents to have been sad, unhappy, or depressed usually or always during the past month compared with children without SHCN.
- ✓ In 2003 and 2007, CSHCN were significantly more likely to have visited an emergency department for a nonfatal injury in the past year than children without SHCN.
- ✓ Both CSHCN and children without SHCN experienced significant increases in the proportion of time spent with a personal doctor or nurse between 2003 and 2007 -- a relative increase of 5.3 percent among CSHCN and 11.8 percent among their counterparts without SHCN.
- ✓ More than 90 percent of children, regardless of SHCN status, were currently insured during both surveys, although the rate for CSHCN was slightly higher at both times.

The authors conclude that "these analyses suggested that continued monitoring of and programmatic focus on CSHCN both as a population with unique needs and, perhaps more importantly, as a sizable and growing proportion of our nation's overall pediatric population is warranted."

Ghandour RM, Grason HA, Schempf AH, et al. 2013. Healthy People 2010 leading health indicators: How children with special health care needs fared. American Journal of Public Health [published online on April 18, 2013]. [Abstract](#).

COORDINATED SERVICES

- **Collaborating around MCH/Life Course LPH Objectives**

Staff at the Southeast Regional Center has met with a number of the local public health departments in the region to identify the LPHs' actions related to the Wisconsin's Healthiest Families Initiative (WHFI). Through attending planning and implementation meetings around mental health, obesity, child death reviews, child care, child development and safety, staff members have been able to provide the CYSHCN perspective and to identify ways to support local efforts. The regional center has participated in five local community assessments and helped develop eight objectives. The LPHs of southeast Wisconsin are working on 19 objectives split between four focus areas: Keeping Kids Alive = 5, Safety & Injury = 8, Child Development = 5, Family Supports = 6. As a result of this partnership, the regional center has provided training and resources on the Ages and Stages Questionnaire (ASQ-3) to a number of LPHs. Center staff is also working with the LPHs on sub-committee work groups around needs assessments and ongoing implementation—areas that will inform the ongoing work of the regional center as well. By the end of 2013, the regional center staff plans to connect with the remaining health departments and collaborate as appropriate based on their chosen focus area.

- **Care in the Community Conference sponsored by the Southeast Regional Center**

Date: Thursday, September 26, 2013

Time: 8 a.m. - 3:30 p.m.

Location: Radisson Hotel - Milwaukee West (Wauwatosa)

This conference provides families and providers the information and tools they need to work together in providing coordinated community-based care. Keep an eye on the [website](#) for more information.

- **Racial and Ethnic Differences in Subspecialty Service Use by Children with Autism**

Previous studies have found that children with autism spectrum disorders (ASDs) are likely to have co-occurring conditions, and that children with ASDs of diverse race and ethnicity are less likely to have access to early intervention services and more likely to be diagnosed later than white children. These researchers examined the relationship between a child's race and ethnicity and use of neurologic, psychiatric/psychological, and gastrointestinal (GI) services and procedures. Nearly half of the more than 3,600 children aged two to 21 in the [study](#), selected by chart review at a single tertiary care center, had received specialty medical care. The authors found that African American and Hispanic children received significantly fewer GI and neurological services than white children did. They attributed the racial and ethnic disparities to factors such as physician bias, lack of follow-up on referrals, negative experiences with specialty care, and a greater likelihood among white families to self-refer their child for specialty care. The authors did not correct for families' places of residence, but did note that nonwhite families encountered more barriers to care due to transportation. They acknowledge that they may not have captured specialty care a child may have received at a local medical facility. Despite the study limitations, the authors recommend increased outreach and education about the need for specialty services, given the co-morbidity of ASDs and other conditions. They also recommend the need for establishing evidence-based standards of care for treating children with ASDs. *By Sarabeth Broder-Fingert, Amy Shui, Christian Pulcini, Daniel Kurowski, and James Perrin. Pediatrics: June 17, 2013*

- **Project Intersect Presentations Now Available Online**

The presentations from *Project Intersect: Addressing Health Disparities at the Intersection of Race, Ethnicity and Disability* are now posted on the [Project Intersect website](#).

- **How State Health Agencies Can Support the Physical Activity Guidelines by Ensuring Accessibility within the Built Environment**

This [webinar \(recorded\)](#) on June 25, 2013) provides an overview of intervention strategies that have been shown to be effective in the built environment from the *Physical Activity Guidelines for Americans Midcourse Report* and highlights how state health agencies in New Jersey and Montana have partnered to promote the implementation of policies and practices that ensure accessibility to increase physical activity in their communities.

HEALTH INSURANCE COVERAGE

- **Recession Led To A Decline in Out-Of-Pocket Spending for Children with Special Health Care Needs**

Using data from the 2001 through 2009 Medical Expenditure Panel Survey (MEPS), the authors examined trends in out-of-pocket health care costs for adults and children in the same family and for families with and without children with special health care needs (CSHCN) before and during the 2007 - 2009 recession. Their findings included:

1. Adults whose children had special health care needs had higher out-of-pocket costs for their own health needs than adults whose children did not have special health needs;
2. There was a gradual increase in out-of-pocket spending for children without special health care needs throughout 2001 - 2009;
3. CSHCN had higher out-of-pocket costs than children without special health care needs from 2001 through 2007; and
4. During the recession (2007 - 2009), there was a decrease in out-of-pocket spending for CSHCN.

While the recession had no significant effect on out-of-pocket health care costs for children without special health care needs, there was a reverse trend in out-of-pocket costs for adults and CSHCN, especially for oral health care and prescription medications. This is significant, because forgone care can have a long-term impact on any child's health, but especially on the health and well-being of CSHCN. The authors note that several provisions of the Affordable Care Act (ACA) will help reduce out-of-pocket health care costs for families. These include the Medicaid expansion, as more parents whose income is less than 138% of the federal poverty level (FPL) will be eligible for Medicaid (in states that adopt this optional provision), which typically has lower cost sharing than private health insurance. Families with incomes between 100% and 400% FPL who are eligible for Marketplace coverage will receive tax credits; in addition, families with income between 100% and 250% FPL will be eligible for cost-sharing subsidies that will further reduce out-of-pocket spending. The elimination of cost sharing for preventive care removes additional out-of-pocket costs. *by Pinar Karaca-Mandic, Sung J. Choi Yoo, and Benjamin D. Sommers. Health Affairs: June 2013*

TRANSITION

- **Youth Transitions Hub at the Waisman Center**

Kristi Jones is the new Outreach Specialist working with the Genetics Systems Integration Hub and with the Youth Transitions Hub at the Waisman Center. These projects are funded through the Waisman Center contract with the WI Department of Health Services MCH Genetics Services and Children and Youth with Special Health Care Needs programs.

Kristi has a Master's in Public Health (MPH) from the University of Minnesota, and has community health experience as a Nutrition Education Coordinator for UW-Extension and as a medical Spanish interpreter in Beloit. While a classroom teacher in Beloit for over five years, she put her public health training to good use, connecting students and families to services. Kristi also has both state

Wisconsin Department of Health Services – Division of Public Health and federal health policy experience, having interned in senators' offices. She is actively involved in Covering Kids And Families and is a co-chair of the Maternal Child Health section of the Wisconsin Public Health Association. Through living and working in Wisconsin, she has developed a network of connections in the public health, health care and education systems and brings both knowledge and enthusiasm to this new position. Kristi can be reached at kfjones@wisc.edu.

- **New Policy Statement from the American Academy of Pediatrics: Transitioning HIV-Infected Youth Into Adult Health Care**

With advances in antiretroviral therapy, most HIV-infected children now survive into adulthood. According to the Centers for Disease Control and Prevention, in 2009 there were roughly 77,000 HIV-infected youth between 13 and 24 years of age in the U.S., and youths accounted for a quarter of all new HIV infections in 2010. With the dramatic improvement in HIV care over the past three decades, an infected adolescent and his caregivers are now faced with managing a chronic illness. A new policy statement from the American Academy of Pediatrics (AAP) provides recommendations for successful transitions from pediatric care to an adult-oriented health care provider. The AAP recommends health care providers develop a formal process for transitioning youth to adult health care. For a successful transition to adult-oriented health care, youths must acquire skills to be responsible for the management of their own health care. Discussions about the transition should start with patients in early adolescence, with the actual transition to adult health care occurring between ages 18 and 25. The AAP recommends health care providers establish a system to identify and track youth as they move through the transition process, and each patient should have an individualized transition plan. Communication among all health care providers is essential. The patient's health care coverage should be evaluated regularly to ensure access to medications is not interrupted during the transition. The policy statement, [*Transitioning HIV-Infected Youth Into Adult Health Care*](#), is published in the July 2013 issue of *Pediatrics*.

- **Youth and Young Adults in Transition Jeopardy Game available**

This Jeopardy-style game was created for youth/young adults with special health care needs/disabilities in transition to adult health care. It's a fun, interactive way for youth, young adults, and others to test their knowledge about general health insurance terms, the Affordable Care Act, Supplemental Security Income (SSI), and resources to help them advocate for their own health care. <http://hdwg.org/catalyst/news/2013-06-14/1>

- **Transition from Pediatric to Adult-based Care**

Baylor College of Medicine, Texas Children's Hospital, and Robbins Institute for Health Policy and Leadership are sponsoring the 14th Chronic Illness and Disability Conference, [*Transition from Pediatric to Adult-based Care*](#). This event will be held October 17-18, 2013 at Baylor College of Medicine in Houston, Texas. This conference, for youth, young adults, family members, health care professionals, and policy experts, will focus on issues of transition planning to ensure children and youth with special health care needs can successfully transition from pediatric to adult systems of healthcare. The conference brochure and registration information will be available soon on the [Baylor College of Medicine Office of Continuing Education website](#).